

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** GOLD HORIZONS ASSISTED LIVING LLC (0010960)  
**Address:** 1704 EAST MCMILLAN STREET, MARSHFIELD, WI 54449  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/2006  
**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0096937      **End Date:** 04/13/2006      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Statement of Deficiency:** #10009540    Served 05/19/2006

Deficiencies Cited  
83.33(3)(b)2.a

Subject Area  
MEDICATIONS SHALL HAVE A LABEL

Compliance  
Verified

Corrected

**Survey ID:** 0095165      **End Date:** 06/27/2005      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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